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DATE/DATE: November 6, 2015 9:15 a.m.
LOCATION/ENDROIT: OTTAWA, ON
PRINCIPAL(S)/PRINCIPAUX: Dr. Harvey Chochinov, Chair
Benoît Pelletier, Panel
Catherine Frazee, Panel
Dr. Douglas A. (Gus) Grant, President, Federation of Medical Regulatory Authorities of Canada and Registrar, College of Physicians and Surgeons of Nova Scotia
Fleur-Ange Lefebvre, Executive Director and CEO, Federation of Medical Regulatory Authorities of Canada
Louise Marcus, Director, Professional Affairs, Federation of Medical Regulatory Authorities of Canada
Graeme Keirstead, Legal Counsel, College of Physicians and Surgeons of British Columbia
Sarah Thomas, Senior Advisor, College of Physicians and Surgeons of Alberta
Bryan Salte, Associate Registrar and Legal Counsel, College of Physicians and Surgeons of Saskatchewan
Lynne M. Arnason, General Counsel, College of Physicians and Surgeons of Manitoba
Dr. Rocco Gerace, Registrar, College of Physicians and Surgeons of Ontario
Dr Yves Robert, Secrétaire, Direction générale, Collège des médecins du Québec
Dr. Schollenberg, Registrar, College of Physicians and Surgeons of New Brunswick
Dr. Cyril Moyse, Registrar, College of Physicians and Surgeons of Prince Edward Island
Dr. Linda Inkpen, Registrar, College of Physicians and Surgeons of Newfoundland
Mr. Michael Noseworthy, Registrar, Yukon Medical Council, Government of Yukon
SUBJECT/SUJET: External Panel PAD - Federation of Medical Regulatory Authorities of Canada - Representatives from each provincial authority

s.19(1)

Dr. Harvey Chochinov: (in progress) [redacted] all of the registrars from the colleges across the

country joining us. We're going to be having very shortly a, a go-around introduction, including those who are on the line.

My name is Harvey Chochinov, I'm the chair of the External Panel looking at the issue of Carter vs. Canada. With me on the panel, [redacted], is professor Catherine Frazee. Catherine Frazee hails from Nova Scotia and is a retired professor of disability studies and the former Chief Commissioner of the Ontario Human Rights Commission. And joining us from Ottawa is our esteemed colleague, professor Benoît Pelletier. Mr. Pelletier is a former member of the, the National Assembly in the Quebec government and now is a professor of Law and an expert in, in Canadian Constitutional Law at the University of Ottawa. And as I say, he's joining us from Ottawa.

I'm also delighted to say that we're supported here by what has been an extraordinary secretariat, beginning with Mr. Mihorean, who's the external panel secretariat chair, along with other members of the secretariat who are here to make sure that everything that we've said is, is duly noted so that it'll be for the purposes of the panel to be able to analyse after the fact. This session is being recorded and will be transcribed. And again, that's solely for the purposes of, of being used by the panel. It's not something that will be made, will be made public.

[redacted] That being said, there is coffee and tea available at, at any time. [redacted] taking a break at some point and we'll just collectively decide when we think that ought to happen. [redacted]

So there's coffee and tea, washrooms are just outside the, the door on, on the left.

Our panel has been at this since July the 17th. The three of us are, are volunteers. We've been working at this full-time, [redacted]

It's hard to believe the election ended October, it was on October the 19th. Our consultations began on October 20th, [redacted] today is our final day, and we'll have met with all of the intervenors , major medical authorities. We'll have met with two of the claimants in the case.

So it's been an [redacted] information gathering exercise. And of course, this morning is [redacted] of that exercise. We're, of course, very much looking forward to, to the thoughts and input of, of all of the colleges.

[redacted]

I thought to start, we will do a roundtable introduction, and it would be helpful to know your name, which college you're representing [redacted]

Our agenda, as far as the panel is concerned, is very transparent. As in all consultations, we're here to listen. We want to know your perspective. [redacted]

So I thought at the outset, it would be helpful to have that just so that we're mindful during the course of the meeting, if we haven't got to something, at least we say that we're intending to return to it or on the other hand, if there's something that we haven't gotten to, it may be that it really isn't within the purview of, of this meeting for us to be addressing that.

So why don't I begin on the, on the far right and we'll go around the table. And then for those of you who are on the telephone, I will be coming at you at the, at the very end.

Sarah Thomas: So my name is Sarah Thomas, and I'm here on behalf of the College of Physicians and Surgeons of Alberta, [redacted]

[redacted] Thank you.

Dr. Harvey Chochinov: By the way, just a, a housekeeping note. To speak, you will have to press the microphone on and, and when you're done, you'll have to shut it off, otherwise, the person next to you won't be, won't be able to speak.

Graeme Keirstead: My name is Graeme Keirstead. I'm here on behalf of the College of Physicians and Surgeons of British Columbia.

Bryan Salte: Bryan Salte, on behalf of the College of Physicians and Surgeons of Saskatchewan.

Dr. Harvey Chochinov:

Dr. Cyril Moyse: Cyril Moyse, here as registrar of the College of Physicians and Surgeons of PEI,

Dr. Harvey Chochinov: (off microphone).

Dr. Cyril Moyse: Thank you.

Dr. Harvey Chochinov: By the way, I should have mentioned, professor Pelletier is online in Ottawa. Periodically, you may seem him off-camera, but I can assure you that he's there, and, and as he always does, he's listening very carefully.

Lynne M. Arnason: I'm Lynne Arnason from the College of Physicians and Surgeons of Manitoba.

[redacted]

Dr. Rocco Gerace: Good morning, Rocco Gerace, I'm from the College of Physicians and Surgeons of Ontario, and firstly, let me thank the panel for allowing us as regulators to come and meet with you because this clearly is something, an issue about which we are very concerned and very anxious that we get right.

You've asked for areas that I hope to be covered and it really around equity and both sides of that is both patient protection and patient access. And I suspect that we are all thinking about that, but those are the two main areas that I would like to see covered if we don't if we don't get to them, and I have a host of other things that I would like to contribute, but we'll go with the flow.

Thank you very much for having me.

Dr. Harvey Chochinov: [redacted]

Unidentified Female: (off microphone)

Dr. Harvey Chochinov: Okay. [redacted]

Unidentified Female: [redacted]

Dr. Harvey Chochinov: [redacted] Yes, go over to Louise.

Louise Marcus: Good morning, my name is Louise Marcus, I'm Director of Professional Affairs with the Federation of Medical Regulatory Authorities of Canada, [redacted]

Fleur-Ange Lefebvre: Good morning, I'm Fleur-Ange Lefebvre, and I'm the Executive Director and CEO of the Federation, [redacted]

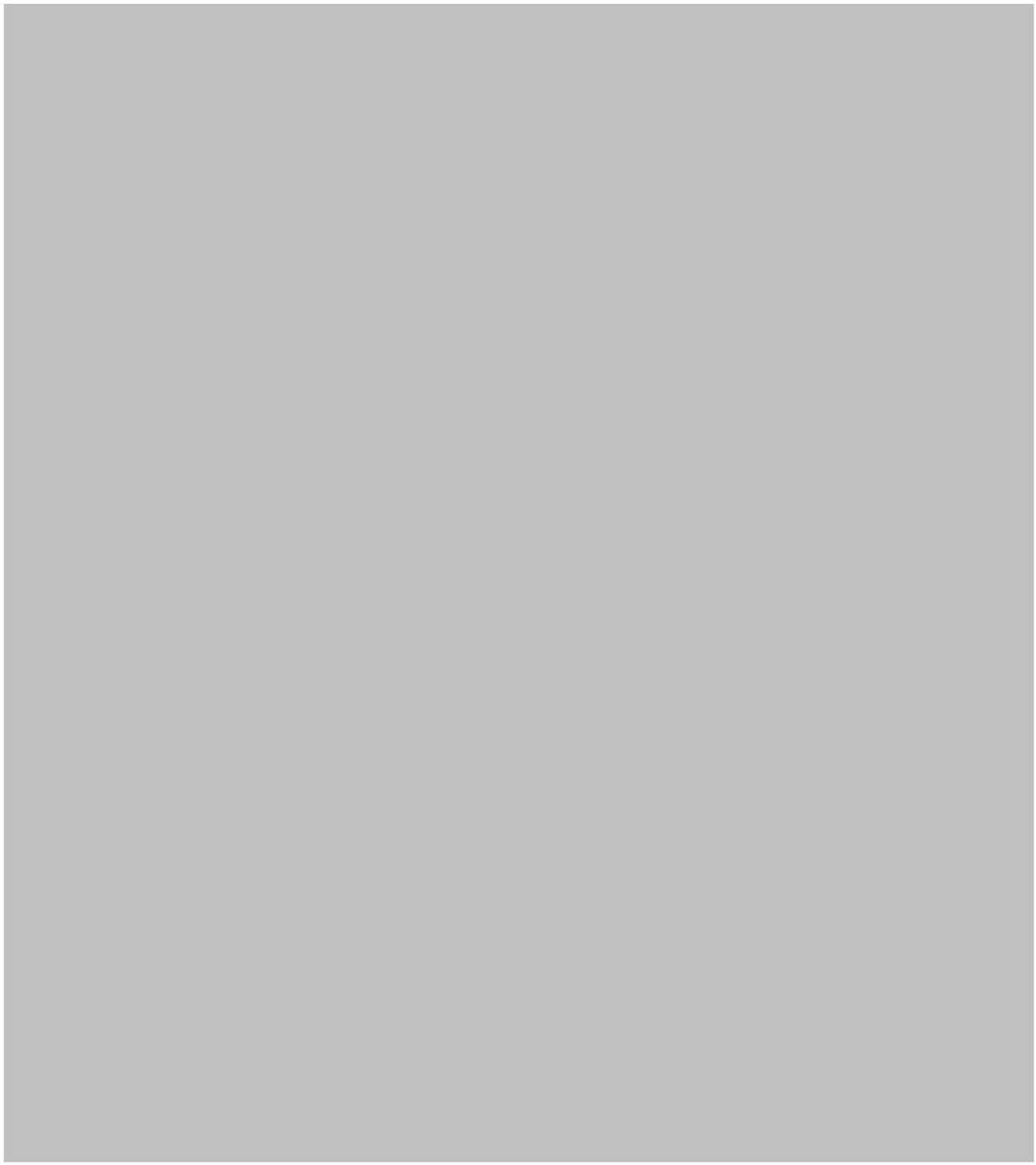
Dr. Douglas A. (Gus) Grant: [redacted] Gus Grant is my name, I'm the registrar in Nova Scotia and at present am President of FMRAC.

[redacted]

[redacted]

Dr. Harvey Chochinov: And we appreciate everyone being here. Going to the telephone line. In any, no particular order. If you can introduce yourself, tell us which college you're representing. [redacted]

Dr. Yves Robert: I can be the first, I'm Dr. Yves Robert. I'm the secrétaire of the Collège des médecins du Québec, [redacted]



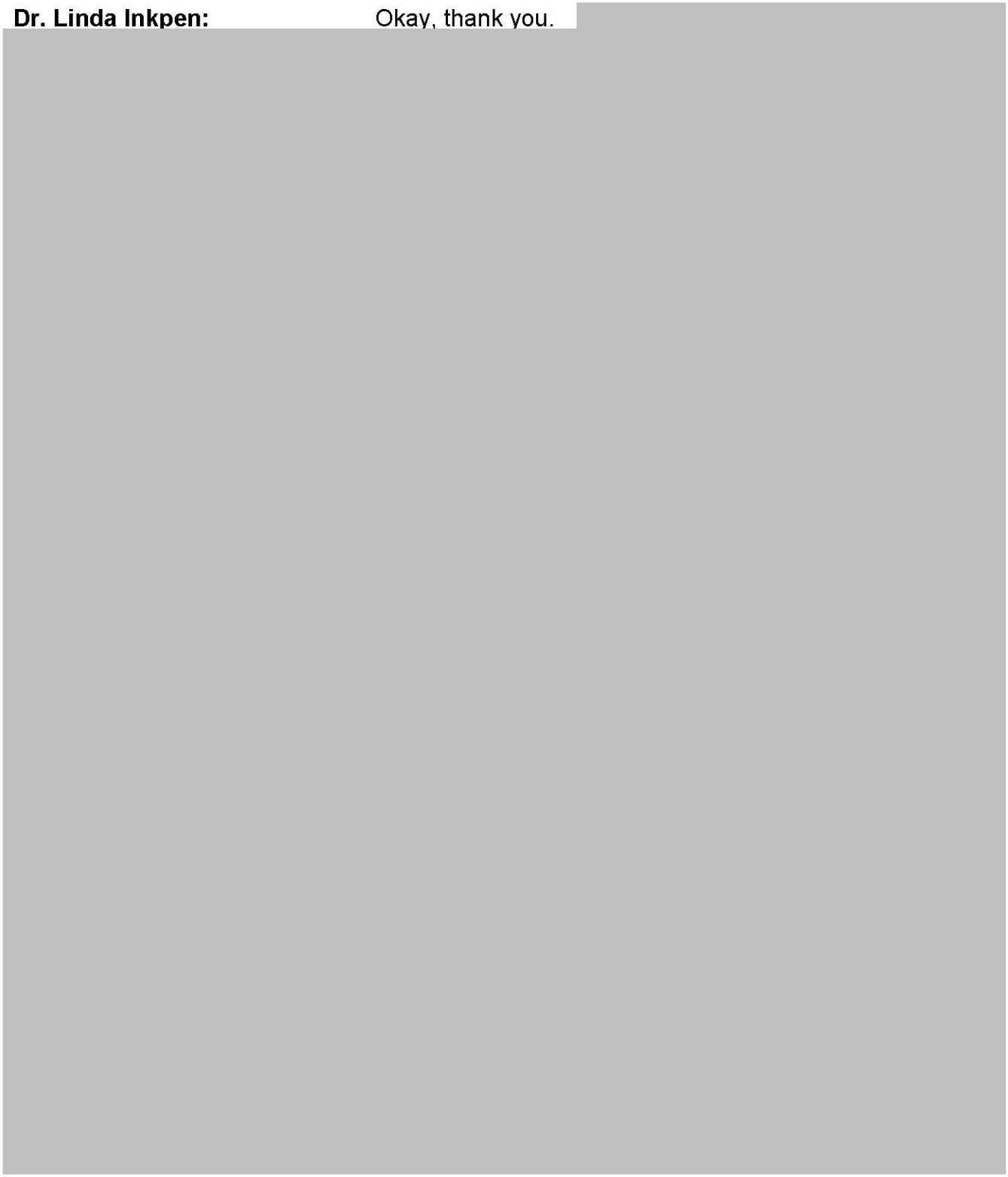
Dr. Harvey Chochinov: Well, thank you so much. We appreciate whatever time you're able to make available to our meeting today.

And next on the line, who do we have?

Dr. Linda Inkpen: My name is Linda Inkpen, I'm the registrar of the College in Newfoundland and Labrador. And I can speak?

Dr. Harvey Chochinov: Oh, please do.

Dr. Linda Inkpen: Okay, thank you.



[redacted]

Thank you very much.

Dr. Harvey Chochinov: Thank you [redacted]

I think there may be one or two others on the phone.

Dr. Ed Schollenberg: I'm Ed Schollenberg, I'm the registrar in New Brunswick. [redacted]

Thanks.

Dr. Harvey Chochinov: Thank you. and I think there may be someone else on the phone, if I'm not mistaken.

Michael Noseworthy: Michael Noseworthy, I'm the registrar for the Yukon. [redacted]

[redacted]

Dr. Harvey Chochinov: You're very welcome. [redacted] Anyone else who hasn't been introduced? There's, representation from the Northwest Territories? Okay.

So, well thank you all very much. Obviously we have a large agenda. And certainly in terms of our, of our mandate, we've been asked to, to consult widely and listen carefully and certainly all and any issues that are brought forward by the people that we're consulting with, we've been told are things that we should be looking at, distilling down in a way that is going to be helpful for those who eventually are going to be receiving the report and drafting legislation.

[redacted]

You all received, I believe, a, a document in which we've kind of given you a, a list of topics and I, I think because we've got these four hours set aside, my, my hope is that we'll be able to organize ourselves and largely get through many, if not most of the topics. [redacted]

So in less, and again, looking at you, Grant, wondering if you can think of a, a better way of doing this, we can kind of start at the top and starting moving our way through the various different items. Does that seem reasonable to you?

Dr. Douglas A. (Gus) Grant): [redacted]

Dr. Harvey Chochinov: [redacted] Gus?

Dr. Douglas A. (Gus) Grant: [redacted]

[redacted]

Unidentified Female: Ex-, excuse me. It's Linda ca-, speaking from Newfoundland. Gus, [redacted]

Dr. Douglas A. (Gus) Grant: [redacted]

Dr. Harvey Chochinov: [redacted]

Dr. Douglas A. (Gus) Grant: [redacted]

Dr. Harvey Chochinov: [redacted]

Dr. Rocco Gerace: Thank you. It's Rocco Gerace speaking. I, I have the topics to guide discussion, and I'm assuming that came from the panel.

Dr. Harvey Chochinov: It did.

Dr. Rocco Gerace: And without one

Dr. Harvey Chochinov: And it's just a suggestion. It's just a framework.

Dr. Rocco Gerace: Without wanting to be contrary, I think the focus should be patients' rights and not physicians' rights. We are here on behalf of the public and not the profession. And so I am going to just speak briefly from a patient's right, rights perspective. And we have been very clear in Ontario thus far, around the obligation of physicians to ensure that patients have access not yet to assisted dying, because it's not yet legal, but to all other legal services.

And, and we've made a number of recommendations and I would be surprised if our council would, would compromise any of those . And, and there are a number of issues. Firstly, and we would all agree that we have to treat patients with respect and dignity and not change our approach based on their desire for something their doctor might object to.

Secondly, the, the, the doctor has an obligation to, when they do object, to ensure that patients will have access. And we've been fairly prescriptive in setting out an obligation for a doctor to make an effective referral. And, and we think that's, that's absolutely essential in these areas because we know in the past, around issues such as abortion, that the profession that members and, and this, keep in mind that this is a very small number of physicians have, have really prevented access.

And so they've set out to either not refer, allowing the time to pass so that an abortion would not be feasible, or referred to someone who was likeminded, who would similarly not allow access. And, and so from our perspective, this is not in a patient's best interest, and keep in mind, we all have to be respectful of, of any individual's belief. And I, I recognize how troubling this is for members of the profession and it is troubling.

Having said that, we're here to serve patients, and we provide a public service. And, and I'm reminded in the US, where sometimes things might even be farther afield than in Canada. The courts jailed someone for refusing access to same-sex couples to, to marriage in a public environment. I'm not suggesting we send doctors to jail, but what I am suggesting is that we, we really, as a profession, have an obligation to ensure patient access to all, all patients.

And, and those who are knowledgeable will know how to get access and I'm less concerned about that group, but rather those who may not be knowledgeable who might want to talk about, who might not know how to access a website, know how to access a

group. those are the patients about whom I'm most concerned. And they have to have access. There has to be equity in providing a service.

So we, we've, we've been clear that while we respect a physician's conscientious objection, that there is a positive obligation to make a referral. And, and you can be assured that we are getting a lot of pushback in that position. But thus far, that's, that's where we are.

So I would suggest, and we're probably one of the more stringent jurisdictions, it would be my suggestion that we have to assure patient access. Physicians are the connection with patients. There has to be an effective referral if a patient requests assistance.

Dr. Harvey Chochinov:

Bryan Salte:

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of the Access to Information Act

de la Loi sur l'accès à l'information

Dr. Harvey Chochinov: Just before passing it over to Lynne,

Bryan Salte:

Dr. Harvey Chochinov: Lynne, and then I think Dr. Gerace had a response. So Lynne.

Lynne M. Arnason: Would you like to go first? Okay.

[redacted]

Dr. Harvey Chochinov: [redacted]

Lynne M. Arnason: [redacted]

Dr. Harvey Chochinov: [redacted]

Lynne M. Arnason: [redacted]
that's, that's the problem.

Dr. Harvey Chochinov: [redacted]

Lynne M. Arnason: [redacted]

Dr. Harvey Chochinov: Okay, thanks Lynne. Dr. Gerace, and then I believe, Dr. Moyse.

Dr. Rocco Gerace: It's okay if you call me Rocco.

Dr. Harvey Chochinov: It's Rocco. Okay. If everybody's comfortable on a first-name basis, I think the same applies to us here at the panel, at the, the front of the table. So Rocco, please.

Dr. Rocco Gerace: There is, well first of all, we think of referral in terms of the medical model, and, and a very good point was made at our council meeting when this was debated, and that is if I, as a physician, have a patient with abdominal pain that I think is a gallbladder problem, I'll refer it to the surgeon. I'm not referring, I'm referring thinking about surgery, but it's not me who makes the decision. It's actually the surgeon who will make the decision whether or not to operate.

And we know, based on the literature that not everyone that discusses assisted death in those jurisdictions where it's legal goes along with assisted death.

Dr. Harvey Chochinov: Yeah.

Dr. Rocco Gerace: But we've actually defined in our policy effective referral, and we've said an effective referral means a referral made in good faith to a non-objecting available and accessible physician, other health care professional or agency. And we have wording around that. I'm happy to share that with the panel. I don't think you want me to read the whole thing for the record.

But perhaps it would be helpful to share that and you can see the wording that we've adopted that may not be a lot different than other jurisdictions, but the purpose is to

ensure that patients have access and to ensure that there is, there are not routes taken by physicians to prevent access. But it doesn't have to be a doctor.

And it's much like, I was just in a discussion around organ transplantation and doctors normally have taken the initiative in discussing transplant, not transplantation, donation, I'm sorry. Doctors have usually made, taken the initiative in discussing organ donation with families and patients but we know now that there are teams who do it much more effectively, who know the answers much more readily. So it doesn't have to be the doctor, but the patients have to have access in a very objective and, and non-discriminatory way to, to that discussion.

Dr. Harvey Chochinov:

Dr. Rocco Gerace: I can tell you I, I have looked carefully at the CMA language. I would, before I pass any opinion on other language, I would certainly prefer to be able to look at it rather than just hear it. I have concerns with the CMA language. I think that there are loopholes that might be exploited by physicians who, who want to impose their beliefs over the patients' beliefs.

So we, I do personally have concern ––

Dr. Harvey Chochinov: Okay.

Dr. Rocco Gerace: — with the CMA statement and I'm happy to look at others. But that's, that's me, that's not the College.

Dr. Harvey Chochinov: [redacted]
Catherine?

Catherine Frazee: It was, I was pointing out that Gus wanted to speak.

Dr. Douglas A. (Gus) Grant: I think at the – oh sorry, Cyril was next, I believe.

Dr. Harvey Chochinov: Cyril.

Dr. Cyril Moyse: [redacted]

Dr. Harvey Chochinov: [redacted]

Dr. Cyril Moyse: [redacted]

Dr. Harvey Chochinov: [redacted]

Dr. Cyril Moyse:

Dr. Harvey Chochinov: Thank you, Cyril. Gus.

Dr. Douglas A. (Gus) Grant: Thanks, Harvey.

Dr. Harvey Chochinov: Harry.

Dr. Yves Robert:

Dr. Harvey Chochinov: Dr. Robert, so we have Gus, and then we will come to you immediately.

Dr. Yves Robert: No problem. Thank you.

Dr. Harvey Chochinov: Thank you.

Dr. Douglas A. (Gus) Grant:

[redacted]

Dr. Harvey Chochinov: Thank you. [redacted]

Yves, [redacted]

Dr. Yves Robert: [redacted]

[redacted]

Dr. Harvey Chochinov: Yves, thank you [redacted]

Sarah.

Sarah Thomas: [redacted]

Dr. Harvey Chochinov: Thank you. Rocco, and then we have Graeme.

Dr. Rocco Gerace: This is a bit, bit off topic, but I think relevant to how long Quebec has been working at it and still having issues, I'm reminded that my colleagues will roll their eyes, that H.L. Mencken once said "For every complex human problem, there is a solution that's simple, straightforward and wrong."

We have started very late with a February 6th deadline and I personally – and I know our College would be supportive -- notwithstanding patients waiting of an extension. So I'm not sure if there's consensus around this table, but if the panel is able to urge an extension stay of the, the changes to the Criminal Code for six months at least, I think it would be very helpful in enabling us to, to solve some of these complex problems.

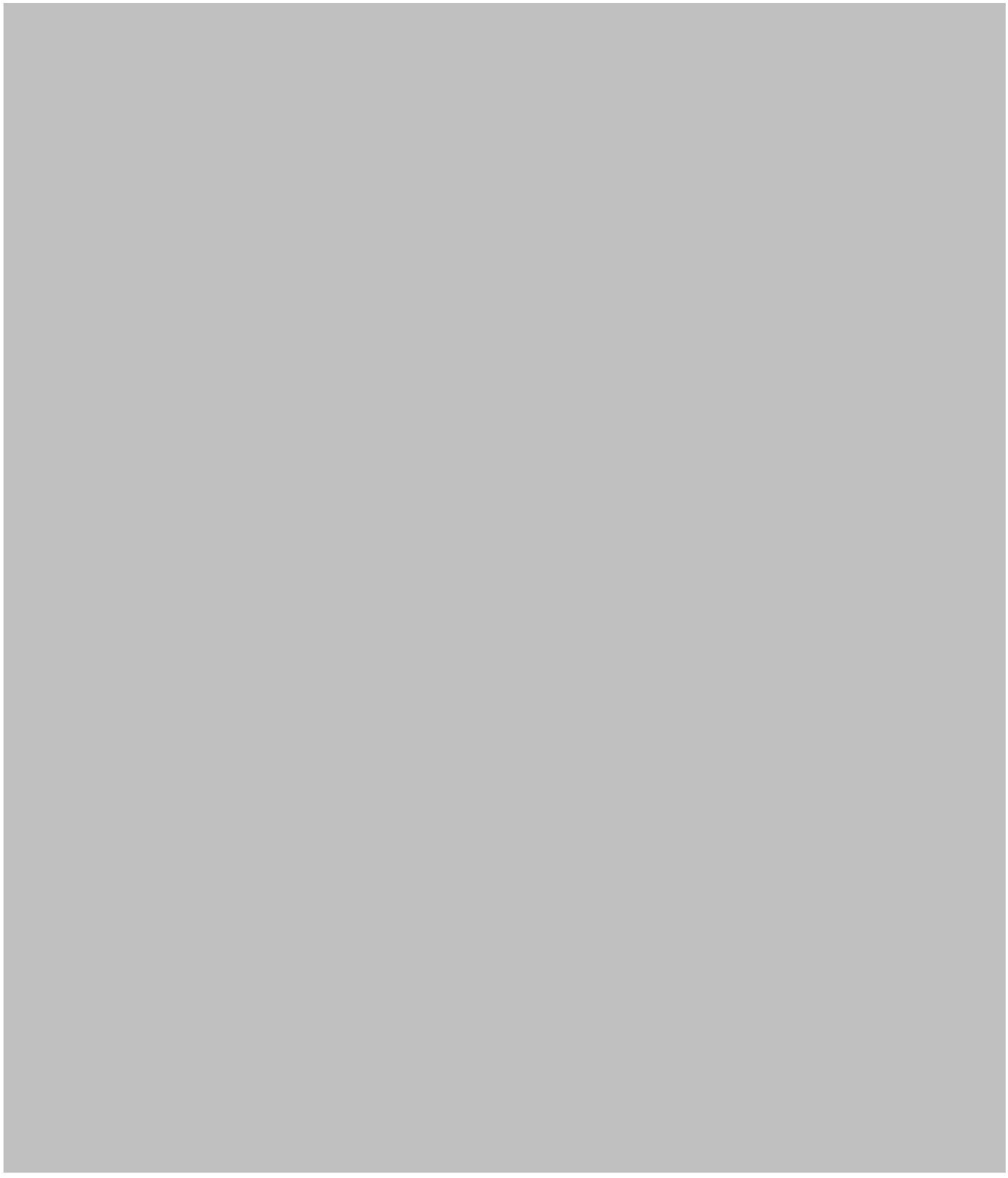
Dr. Harvey Chochinov:

So Graeme and then, I think we've got Gus.

Graeme Keirstead:

Dr. Harvey Chochinov: Gus.

Dr. Douglas A. (Gus) Grant: Me?



Dr. Harvey Chochinov: I think we'll take two more quest-, two more questions, two more comments on this topic, and then we may try and move to, to one other before we take a coffee break.

[redacted]

So I think next we have Bryan.

Bryan Salte: I think it was me.

Dr. Harvey Chochinov: Yes. Thank you. Bryan and then Cyril.

Bryan Salte: [redacted]

Dr. Harvey Chochinov: [redacted]

Thank you Bryan. Cyril.

Dr. Cyril Moyse: Thank you. [redacted]

[redacted]

Dr. Harvey Chochinov: Thank you Cyril. [redacted]

Lynne.

Lynne M. Arnason: [redacted]

Dr. Harvey Chochinov: Okay. Thank you Lynne. [redacted]

Gus.

Dr. Douglas A. (Gus) Grant: [redacted]

[redacted]

Unidentified Male: (off microphone).

Dr. Douglas A. (Gus) Grant: [redacted]

Dr. Yves Robert: [redacted]

[redacted]

Dr. Harvey Chochinov: Thank you, Yves. Cyril.

Dr. Cyril Moyse: [redacted]

Dr. Harvey Chochinov: [redacted]

Dr. Rocco Gerace: I'm, I'm going to start at the top of the list and work down to your specific question. I think there is additional training needed. I don't think it's formal training around the medical aspects. I don't think we should be out training doctors how to start IVs. They should be able to do that. But there should be training around the process, around the legalities, around the ethics of assisted death. So I, I firmly believe that needs to be in place.

I had just heard, and, that, that the CMA, while creating a program, it's going to be an in-person program, which I think will not be accessible, that readily accessible for doctors across the country if it's going to be in Ottawa. So I think there has to be online training to, to provide that information.

I would speak against the need for accreditation. Doctors have a whole host of responsibilities. Some, many much more complex than assisted death, and we don't ask specific accreditation for each act. I'm reminded, [redacted] we suggested that a doctor should take an ACLS course to work in an emergency department, and the notion of credit card medicine evolved. So you need a course in every aspect of care. We've moved away from that. Doctors have to be competent and, and they have to be able to demonstrate competence.

I don't think a card will do that. Taking an online course and getting a certificate does not provide, in my mind, accreditation. And so I would speak against the need for a specific accredic-, accreditation and rely on physicians to learn how to do something, which we do in virtually every other aspect of the delivery of medical care.

And, and I would just, while, although you haven't asked, I will say that it really isn't a regulator's role to be an educator. And the education should come from educators.

So we should engage the educational colleges, the Royal College and the CFPC. We should engage our medical schools, the CMA has already stepped up. I think we sometimes lose sight, and, and others may not agree with me, but the reflection on this side of the table is more lawyers than doctors and that's certainly the reflection at our College.

We probably have 30 people with law degrees and only half a dozen doctors who actually practice medicine. So it's, it's the Colleges have to inform the education, whether it's physician education, public education, but I would urge that we let the ed-, educators do the educating.

Dr. Harvey Chochinov: I'm sorry, Graeme, did you have your hand up? No. Lynne, please.

Lynne M. Arnason: [redacted]

Dr. Harvey Chochinov: Gus.

Dr. Douglas A. (Gus) Grant: [redacted]

Dr. Harvey Chochinov: [redacted]

Dr. Douglas A. (Gus) Grant:

Dr. Harvey Chochinov:

Dr. Douglas A. (Gus) Grant:

Dr. Harvey Chochinov:

Dr. Rocco Gerace: Well, I, I would just, let's not try and boil the ocean. Doctors prescribe a whole host of medications that can be fatal in, in small amounts. and there is a ton of stuff out there. And I don't know that that should be a reason to, to not move forward. We, we absolutely have to e careful. We absolutely have to be cognizant of it and, and that we should delay until we have rules in place for pharmacies and, and return of medication. That is critically important, but far more broadly than assisted death.

Dr. Harvey Chochinov: So, maybe taking another 10 or 15 minutes before the coffee break,

So with that being said, I'm wondering does, do the Colleges have particular feelings or thoughts about the issue of euthanasia versus assisted suicide?

Dr. Rocco Gerace: The short answer would be no. And Yves may want to speak because in Quebec, it's, it's euthanasia. We have, we are preparing guidelines that will include both. And again, I harken back, it's about access and patients may have varying preferences in accessing assisted death. So –

Dr. Harvey Chochinov: Or, or capabilities. Even there may be instances —

Dr. Rocco Gerace: Of course.

Dr. Harvey Chochinov: — where patients are, are unable to take medication.

Dr. Rocco Gerace: Exactly. And, and that's, that's the, the downside in those jurisdictions where there's only assisted suicide, assisted suicide versus euthanasia. I think we should be flexible, and, and the patient, that's, and we have done that in our College.

Dr. Harvey Chochinov: Yves were you wanting to, to comment? Perhaps not.

Dr. Yves Robert: [redacted] I was on mute. [redacted]

[redacted]

[redacted]

Dr. Harvey Chochinov: Thank you, Yves. Gus.

Dr. Douglas A. (Gus) Grant: [redacted]

Catherine Frazee: [redacted]

Dr. Harvey Chochinov: Bryan.

Bryan Salte: [redacted]

Dr. Harvey Chochinov: Rocco.

Dr. Rocco Gerace: We've not been specific around physician attendance, but again, I worry about access. And there will be many communities where there will, remote areas where there will not doctors available and even generally, let alone doctors who will be able to assist patients in this regard. And I would hope that if a patient from one of these communities visits acc-, a willing physician in a larger centre, that we would make available other health care personnel. I don't know that it has to be a doctor. It, I'm not familiar more broadly, but my understanding is in Oregon, a doctor does not have to be present. They may be present.

And, and we could learn that lesson. So I, I would just be careful of the implications of the access. So if I am a doctor who lives in Toronto and, and willing to see patients from farther afield, it will not be easy for me to et to a remote location overlooking the lake,

Dr. Harvey Chochinov: Right.

Dr. Rocco Gerace: So I would just be careful in that respect.

Dr. Harvey Chochinov: So I think we should take a, a 20-minute break, and then return.

So thank you all.

Dr. Yves Robert: Dr. Chochinov? I think I will, I will leave now

Dr. Harvey Chochinov: Yves, we thank you very much

Dr. Yves Robert: And, and if you need anything else, we are, we will be pleased to answer any question you may have.

Dr. Harvey Chochinov: Terrific. Okay, have a good morning.

Dr. Yves Robert: Bye bye.

(Break)

Dr. Harvey Chochinov: Again, thanks to, to each of you

I've asked professor Frazee if she would introduce our, our next set of consultations. So Catherine is going to just sort of set the stage for our next conversations,

So I'll turn it over to Catherine for a moment and then we will open up the floor for discussion.

Catherine Frazee: Thanks, Harvey. And Benoît, I hope you'll feel free to, to join me if I don't get this quite right. Wanted to say, well first of all, again, as Harvey has said, thank you all for being here.

[redacted]

I wanted to clarify what I understand my role here as a member of the panel is really to hear from the various colleges, what if any, are the concerns that you want us to be certain that we bring to the attention of the federal government. [redacted]

[redacted] But you know, as Harvey has stated, our role is to listen and to record and in some instances, perhaps to test with you ––

Operator: Hello, may I help you? Hello?

Catherine Frazee: Hello? Can you hear?

Operator: Hello?

Dr. Harvey Chochinov: I'm sorry, Dr., or professor Frazee was just making some, some comments. Who is on the line?

Operator: Oh, I'm sorry. I apologize dear, I apologize. Sorry.

Dr. Harvey Chochinov: No worries, no worries.

Operator: Okay.

Catherine Frazee: [redacted]

[redacted]

So with that, perhaps, Harvey, I'll pass it back to you.

Dr. Harvey Chochinov: Thanks, Catherine.

So yes, the floor is open. [redacted]

Dr. Douglas A. (Gus) Grant: [redacted]

Dr. Harvey Chochinov: [redacted]

Dr. Douglas A. (Gus) Grant: [redacted]

Bryan Salte: [redacted]

Dr. Harvey Chochinov: [redacted]

Bryan Salte: [redacted]

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Dr. Harvey Chochinov:

Graeme Keirstead:

Dr. Harvey Chochinov:

Bryan Salte:

Dr. Harvey Chochinov:

Bryan Salte: [redacted]

Dr. Harvey Chochinov: Thank you [redacted] Graeme.

Graeme Keirstead: Thanks. [redacted]

Dr. Harvey Chochinov: Gus, please.

Dr. Douglas A. (Gus) Grant: [redacted]

[redacted]

Catherine Frazee: [redacted]

Dr. Douglas A. (Gus) Grant: [redacted]

Dr. Harvey Chochinov: Sarah. I'm sorry. Rocco and then Sarah.

Dr. Rocco Gerace: [redacted]

Just, just looking down the list, I think colleges are creatures of provincial legislation. And so whatever the, the overarching solution, there has to be integration. If it's going to be a federal piece of legislation, it has to be integrated with provincial statute and wise people have to determine how that should occur.

I worry about detailed legislative regulatory criteria, because they're, they're immovable. This is very new, this is going to evolve, and unless other jurisdictions are different than Ontario, it's virtually, it's very difficult to get a regulatory change, virtually impossible to get statutory change. So we will be, we will, we will make a decision now that may need to be changed. And while everyone is focused now, focuses will shift.

So if it is going to be statutory, it should be broad, allowing for flexibility, and I think flexibility is critically important in this area, not to minimize what it is but to ensure that we are able to change as, as change is required. Rather than oversight, I would suggest that this body will be a monitoring body. So they will review, there should be

monitoring especially in the early stages, but I would think for the foreseeable future, absolutely should be reporting, absolutely be a review to ensure that we're not drifting. But it really is to determine and, and assist at where this might go into the future.

So I'm absolutely committed to some kind of monitoring body. If the provinces and the federal government can get together to agree on it, that's great, but it should occur somewhere and I won't say where it is. We've actually approached our Coroner's office and they said absolutely not will we do it. Cause we thought they, who are death investigators, would be the ideal candidate. They want nothing to do with that.

Similarly, I don't think it's, and I don't know if I'm alone in this, I don't think it should be the colleges who, who undertake the monitoring component. It will send a chill through the profession and doctors don't like to interact with the regulator unless they absolutely have to. And if they have to submit a report when they engage in this activity to the regulatory, it may dampen their willingness to participate. But there should be monitoring , there should be reporting and absolutely, we have to think about nurses, we have to think about pharmacists.

And if we have a model where a physician doesn't have to be present, but we, we engage home care or some other health care professional, they have to be protected. We can't ask a nurse to be with a patient who is, is engaged in assisted suicide and not be clearly protected from any kind of prosecution.

And so the education has to extend beyond, beyond doctors to other health care professionals. And, and just lastly, in terms of monitoring, I wonder if we should include for example, pharmacists who might dispense lethal medication so that there are checks and balances and, and we can follow what happens with those and, and it, it's, it can't be just about doctors and we have to bring our other health professional colleagues into the fold with both monitoring and protection.

Dr. Harvey Chochinov: Thank you, Rocco. Sarah please.

Sarah Thomas: [redacted]

Dr. Harvey Chochinov: Thank you, Sarah. Gus?

Dr. Douglas A. (Gus) Grant:

[redacted]

Dr. Harvey Chochinov: We have Lynne and then Rocco.

Lynne M. Arnason:

[redacted]

[redacted]

Dr. Harvey Chochinov: [redacted]

Rocco, please.

Dr. Rocco Gerace: Again, I just would reemphasize if we're going to have legislation regulation, that those flexibilities will allow this to evolve. I'm not sure we're ready to have advanced directives for assisted, assisted death.

Dr. Harvey Chochinov: Bring us back to (off microphone).

Dr. Rocco Gerace: We may be, but, and there may be rulings into the future, but if we have rigid legislation, we will not be able to adopt, adapt to society's desires in that regard. So I, I urge flexibility in terms of assessing capacity. Doctors do it every day when they get a consent from a patient for whatever. Now, the stakes are very high here, but stakes are pretty high for open heart surgery or invasive neurosurgery.

And so I think doctors are prepared to assess capacity when it's there, but there should be the provision to have assistance if there's uncertainties and there will be uncertainties in respect to capacity to, to make these decisions.

Dr. Harvey Chochinov: [redacted]

Dr. Rocco Gerace: No. I, I think it has to be at the local level. I think there should be someone available who, who is an expert in assessing capacity to assess that person's capacity to provide consent or direction. So whether it's a psychiatrist or, or a family physician trained in that area, I think that would be what we need.

This is, I really think this has to stay at the bedside. Once we have committees imposing care, there may be areas where you need something like the Capacity and Consent Board to opine, but the more this is between caregivers and patients, I think that would be my preference.

Dr. Harvey Chochinov: Gus please.

Dr. Douglas A. (Gus) Grant: [redacted]

Operator: Hello?

Dr. Douglas A. (Gus) Grant: — And ––

Operator: Hello? Hello?

Dr. Harvey Chochinov: Hello. Yes, we hear you. Gus, Gus is just making a statement and I take it would you like to ask a question afterwards?

Operator: Oh, I, just one moment. Now who are you waiting for?

Dr. Harvey Chochinov: Oh the, is this the telephone operator?

Operator: Yes, it is. But this line was just on hold. I just came back from lunch, so I picked it up to see what was on the go?

Dr. Douglas A. (Gus) Grant: [redacted]

Operator: [redacted]

Dr. Douglas A. (Gus) Grant: Well, okay so I think you're on the line that our colleague Linda Inkpen is —

Operator: Oh, okay then.

Dr. Douglas A. (Gus) Grant: Okay?

Operator: Oh, okay then. Just one moment please and thank you.

Dr. Harvey Chochinov: Yeah. So the instructions from the secretariat are please leave that line open. (laughter) Sorry Gus, if you can continue.

Dr. Douglas A. (Gus) Grant: [redacted]

Dr. Linda Inkpen: Harvey, it's Linda Inkpen. [redacted]

Dr. Harvey Chochinov: Linda, we are ready for you.

Dr. Linda Inkpen: Thank you very much. [redacted]

[redacted]

Dr. Harvey Chochinov: Linda, [redacted]

Dr. Douglas A. (Gus) Grant: Linda, Gus here. [redacted]

Dr. Linda Inkpen: Thank you.

Dr. Harvey Chochinov: Rocco.

Dr. Rocco Gerace: We've, we've talked about the, the role of a sense of security when someone gets their prescription, just knowing they have it. And, and I think we have to be careful of the unintended consequences because that in itself, just having the prescription may give comfort to a patient even though they don't use it.

And if we say we can't give it to you unless we assess you the moment you're going to take it, that, that sense of security will be lost to those patients, and I, I would hate to have such a rigid process that, that benefit won't be there. We may be able to help a whole host of patients. In fact, we know that occurs in Oregon, who just get the prescription and, and have it available. So I would just, I don't have an answer to it, but I would exercise caution that we not lose that potential for comfort for patients.

Dr. Harvey Chochinov: [redacted]

Dr. Rocco Gerace: Absolutely. And I think I alluded earlier to patients in more remote areas not having a physician available to attend. Obviously, for euthanasia, they should be there, but ––

Dr. Harvey Chochinov: It's a moot point.

Dr. Rocco Gerace: — yeah.

Dr. Harvey Chochinov:

Cyril.

Dr. Cyril Moyse:

Dr. Harvey Chochinov: Bryan, yes.

Bryan Salte:

[redacted]

Dr. Harvey Chochinov: Thank you. Lynne, [redacted]

Lynne M. Arneson: [redacted]

Dr. Harvey Chochinov: Rocco.

Dr. Rocco Gerace: [redacted]
It doesn't often happen, but I think that's the down the road a bit. There are many complicated issues that we have to solve before we get into advance directives, and, and I think we have to address it at some point, but February 6th is coming quickly and I'm not sure this is one that we can adequately address before then, even though I do agree.

Dr. Harvey Chochinov: [redacted]

[redacted]

You're, Rocco.

Dr. Rocco Gerace: Our working group is comprised of two pediatricians who are advocating for their patients and feel very strongly that if they're capable, then they should have the same rights as any other capable person. And, and while I've not formulated a personal opinion, I think they are people who deal with, with emancipated minors on a regular basis and recognize that that is an issue. So I would defer to their judgement in suggested that, that at some point, it should be addressed and that at some point, emancipated, emancipated minors should have the opportunity to consent.

Dr. Harvey Chochinov: [redacted]

Dr. Douglas A. (Gus) Grant: [redacted]

Dr. Harvey Chochinov: [redacted]

[redacted]

Dr. Douglas A. (Gus) Grant: [redacted]

[redacted]

Dr. Harvey Chochinov: We have Bryan and then Rocco.

Bryan Salte: Yes, thank you. [redacted]

[redacted]

Dr. Harvey Chochinov: [redacted]

Bryan Salte: [redacted]

[redacted]

Dr. Harvey Chochinov: Thank, thank you for that. Rocco please.

Dr. Rocco Gerace: Just going back to your initial question, [redacted] that the, and we could take for example, the CMA generally, that there be a cooling off period, that there be more than one physician assessing the patient. I think certainly in the initial terms, that's appropriate, I think back to the 70s when an abortion could not be done unless it had gone to the review panel at the hospital. And we've moved beyond that. And is it good or bad, I won't pass judgement, but it is what the law is.

So again, I, I would urge that there be flexibility around that. I, I think the issue of good faith protection as well is important for access because doctors will get advice that they better not do it if there is any, any kind of potential for a problem. And we know in these circumstances, as we see frequently, what the patient wants might not be what the family wants. And, and we see doctors not infrequently being called to task by family when the doctor has, has truly met the patient's desires and had appropriate consent.

And we've seen it in the context of palliative care where the family wants aggressive care and the patient doesn't, and the family complains about the doctor. So I think a good faith provision would assist with that. It would, it would not be something that would give the doctor the ability to make independent decisions, but allow them the, the comfort to meet the patient's decisions with some feeling of protection.

Dr. Harvey Chochinov: Lynne.

Lynne M. Arnason: [redacted]

Catherine Frazee: [redacted]

Dr. Rocco Gerace: [redacted]

Dr. Harvey Chochinov: Lynne, and then Gus.

Lynne M. Arnason: [redacted]

s.19(1)

s.21(1)(a)

s.21(1)(b)

[redacted]

Catherine Frazee: [redacted]

Dr. Harvey Chochinov: Cyril, I, I believe you were next.

Dr. Cyril Moyse: Thank you. [redacted]

Dr. Harvey Chochinov: Gus, please.

Dr. Douglas A. (Gus) Grant: [redacted]

[redacted]

Dr. Rocco Gerace: [redacted]

Dr. Harvey Chochinov: Bryan.

Bryan Salte: [redacted]

Dr. Linda Inkpen: Harvey, it's Linda again from Newfoundland when I —

Dr. Harvey Chochinov:

Dr. Linda Inkpen:

Dr. Harvey Chochinov: Your turn has arrived, Linda.

Dr. Linda Inkpen: Okay, thank you.

Dr. Harvey Chochinov:

Dr. Linda Inkpen:

Dr. Harvey Chochinov:

Dr. Linda Inkpen:

[redacted]

Thank you.

Dr. Harvey Chochinov: [redacted]

Please, Rocco.

Dr. Rocco Gerace: [redacted]

Dr. Harvey Chochinov: [redacted]

Lynne.

Lynne M. Arnason: [redacted]

Dr. Harvey Chochinov: [redacted]

Lynne.

Lynne M. Arnason: [redacted]

Dr. Harvey Chochinov: Gus, [redacted]

Dr. Douglas A. (Gus) Grant: [redacted]

Dr. Harvey Chochinov: [redacted]

Dr. Douglas A. (Gus) Grant: [redacted]

[redacted]

Dr. Harvey Chochinov: Gus, [redacted]

[redacted]

Dr. Douglas A. (Gus) Grant: (off microphone) [redacted]

Dr. Harvey Chochinov: [redacted] Rocco.

Dr. Rocco Gerace: I think just stepping back, it would be helpful if the panel might recommend a process to actually get a group of experts to define grievous and irremediable. Those are more legal terms than they are medical terms, and I think some definitions along with examples. Some will be easy, some will be more complex. It would go a long way to helping physicians interpret those, those terms.

Dr. Harvey Chochinov: Bryan.

Bryan Salte: [redacted]

[redacted]

Operator: Hello?

Bryan Salte: There was – sorry, carry on.

Dr. Harvey Chochinov: Sorry, for, for the person online, we're just listening to Bryan finishing his comment and then I'll return to, online to see if there are additional questions. Or is that the operator? (laughter)

Unidentified Male: I think it's the operator.

Dr. Harvey Chochinov: I withdraw the question. Bryan.

Bryan Salte: I was just finishing up anyway.

Catherine Frazee:

Dr. Douglas A. (Gus) Grant:

Catherine Frazee: Okay.

Dr. Douglas A. (Gus) Grant:

[redacted]

Catherine Frazee: Okay.

Dr. Harvey Chochinov: Rocco, please.

Dr. Rocco Gerace: Going to speak to another issue that just occurred to me that I'm not sure we covered. We've talked about similarities across the country so that Canadians can expect the same care in each province, which is great. We haven't talked about assisted death tourism, and I'm less worried about someone rom Manitoba than I am from the US. And we are right on the border of a huge population that does not have access to assisted death.

And I'm not sure that we want to be in the business and we, we, we are very clear of that, that we want to be in the business of, of serving as the haven for assisted suicide. And so we in Ontario at least, we'll have some kind of defined residency provision. And I, I think, and I don't now what

Unidentified Male: (off microphone)

Dr. Rocco Gerace: That's what we're saying is -- health care number.

Dr. Harvey Chochinov: [redacted]

Dr. Rocco Gerace: So, you know, if, I'm, I'm not worried about pan-Canadian but I am worried about the US because there will be many people in the US who want access and if there is going to be a framework, I, I think, as Quebec has done, it should, it should be restrictive.

Ed Schollenberg: Hello, this is Ed. [redacted]

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is withheld pursuant to sections

est retenue en vertu des articles

19(1), 21(1)(a), 21(1)(b)

of the Access to Information Act

de la Loi sur l'accès à l'information

[redacted] Over and out for the moment.

Dr. Harvey Chochinov: Ed [redacted] we are out of time.

Again, on behalf of my co-panelists, I'd like to thank each of you for, for making the time, taking he time out of your busy schedules to be here today. It's been a wonderful conversation and one that the panel deeply values. So thank you.

Dr. Linda Inkpen: Thank you very much.

Dr. Harvey Chochinov: Thank you, Linda.